

Community Solutions Learning Session

# Rapid Resolution

Redesigning shelter to exit people rapidly and effectively



## Desired outcomes

Explain what Rapid Resolution is, how it functions, and where it fits within an effective rehousing system.

Identify the operational, staffing, and financial changes required to implement Rapid Resolution.

Assess what implementation would take in your community, including changes in how staff, leadership, and partners operate and coordinate as a system.

# Introductions

Your name

Your role and organization

What was the last time you made a significant “move” (personal or professional) and what was a critical step you took to make it happen?

# Rapid Resolution

What is the problem we're trying to solve for?



## Rapid Resolution

# What do we mean?

**Triage at entry:** Rapid Resolution identifies what can help each person leave shelter quickly, rather than focusing primarily on admission and a bed.

**Begin the exit pathway immediately:** Every stay starts with a clear plan for what comes next, rather than leaving exit planning until later. A reliable path forward can also encourage more people to come inside.

**Help more people with existing beds:** Faster exits make beds available for new arrivals, shifting the focus from providing shelter nights to resolving homelessness—without building new shelters



# Accelerating Exits

Clutch Consulting Group  
Without Exits



Clutch Consulting Group  
With Exits



# Rapid Resolution Planning



# What's Different about a Shelter Focused on Exiting People

- Staff focus on every person's exit
- Shelter beds are not program based
- Intake and exit pathway happen at entry
- Beds are managed in real-time and filled through a coordinated process

# Leadership Alignment and Planning to Test

- System Leaders develop the vision, how shelter contributes to the shared goal, and explain why Rapid Resolution matters .
- Funder and political leaders align expectations, resources, and support for changes in operations.
- System leaders socialize the vision and identify front doors partners with authority and willingness to test.
- The team defines the proof point, engages willing front door partners, and plans to scale quickly when evidence supports it.

# Getting Started



## Map the Front Door System

Map outreach, day services, and shelters. Note hours, eligibility, access routes, and referrals.

## Clarify Access Control

Identify who controls program and drop-in beds, who can authorize changes, and how openings get filled.

## Choose the Starting Point

Choose where to test Rapid Resolution and how other front doors could connect after the test.

## Leadership Planning Session

Align leaders on the goal, test scope, resources, decision authority, and measures of success.

## Implementation Work Session

Design intake, triage, exit planning, and bed workflows with providers and frontline staff. Assign roles and a review routine.

# Rapid Resolution Implementation



# Atlanta – Unsheltered Response Strategy

## **Phase 1: Eliminate and Prevent Street Sleeping**

House 400 unsheltered individuals in downtown. Work cooperatively with first responders, public space managers, and private property owners to resolve complex cases and prevent street sleeping in downtown.

## **Phase 2: Scale Effective Shelter Flow**

Scale Rapid Resolution to exit 1000 individuals from shelter with Diversion resources — allowing each shelter bed to serve more people with better outcomes. Offer immediate longer-term interventions to 750 individuals with long histories in our homeless system from both unsheltered and sheltered homelessness.

## **Phase 3: Sustain Homelessness Response System**

Reach "steady state" of individuals experiencing homelessness and implement a scaled system to quickly resolve homelessness through shelter.

# Atlanta - The Shelter Data Before Rapid Resolution

## Baseline Shelter Data

All Shelters

75 days – Average Length of Stay

12% Positive Exits

## Atlanta – Progress

| The Testing Phase                                          | Building to Scale                          |
|------------------------------------------------------------|--------------------------------------------|
| 1 Shelter<br>20 Dedicated Beds<br>1 Dedicated Staff Member | 2 Shelters<br>230 Beds<br>10 Staff Members |
| 22 days – Average Length of Stay                           | 64 days – Average Length of Stay           |
| 54% positive exit                                          | 57% positive exit<br>(281/492 exits)       |

# Atlanta - Organizing the Change

How did Atlanta organize resources and the team to support the work?

What helped staff, leadership, and partners change how they operated together?

What does continued scaling and sustainability look like?

## Atlanta – Lessons Learned

- Building culture around reunification as an appropriate response
- Build connections to workforce supports early on
- Dedicate the resources for daily management
  - Field operations
  - Culture shift
  - Leadership support
- CoC Lead and Lead Project Managers need to be a value add, supporting providers through this shift not just the funder or system lead
- Accelerate exits without additional funding for shelter operations

# Tulsa

- Leadership Introduction
  - Individual shelter engagements
  - Leadership Work Sessions
    - Setting vision and targets together
- Engaging Providers
  - Implementation Work Sessions
  - Codesigning shelter specific workflows and processes
  - Assigning shelter leads

# Tulsa

- **Implementation Support**
  - Daily briefings
  - Onsite implementation support
  - Weekly shelter leadership meetings – Exit Management
  - Development of tools, guides, trainings, etc.
- **Refinements and Iterations**
  - 1 shelter, limited target population, nondedicated RR staff
  - 2 shelters, expanded to all populations, dedicated RR staff, dedicated unit staff
  - 3 shelters, all populations, dedicated RR staff, dedicated unit staff, dedicated triage staff

# Dallas

- Leadership Introduction
  - Individual shelter engagements
  - Community System Planning Session
  - Shelter Leadership Work Session
- Engaging providers
  - Implementation Work Sessions
  - Building shelter specific workflows and processes

# Dallas

- **Implementation Support**
  - Daily briefings
  - Onsite implementation support
  - Leasing events
  - Weekly shelter leadership meetings – Inflow/Outflow Management
  - Development of tools, guides, trainings, etc.
- **Refinements and Iterations**
  - 2 shelters, limited number of beds, nondedicated RR staff, flexible triaging
  - 2 shelters, expanded to all beds in 1 shelter, dedicated RR staff, outreach responsible for filling targeted beds, dedicated unit staff, more defined triaging
  - 2 shelters, expanded to all beds in 1 shelter, dedicated RR staff, outreach responsible for filling targeted beds, dedicated unit staff, defined triaging
  - Developing a new Shelter Program model

# Dallas

- Lessons learned

- Not bringing leadership along through implementation makes the culture shift inside shelter more challenging
- Starting with an expectation that staff were going to have an in-depth problem-solving conversation from the beginning with every person was not reasonable

- The Culture Shift

- Leadership
  - Work sessions, Individual meetings, Board Meetings, modeling
- Staff
  - Work sessions and codesigning through each iteration,
- Participants
  - Notices, consistent messaging across shelters, townhalls, “dorm meetings”

# Culture Shift

- The Role of Shelter in the System
  - Shelter is a safe place to be until something gets figured out, shifts to shelter is where people want to go to exit homelessness
- Our Orientation
  - Without dedicated exit resources shelter services focus on recovery and improving people's situations while waiting, we make the shift to everyone is ready to begin their recovery by exiting homelessness the day they walk in and we have resources to assist with this exit immediately
- Shelter Model
  - Without dedicated exit resources shelters focus on operations, services associated with longer stays, and managing vacancy as opposed to operations and achieving maximum throughput

# Lessons Learned from the Field

- Once the outflow is working, typically inflow has not picked up yet and vacancy rates increase significantly for a period of time
- Some people don't want to leave the shelter given the resources available and the safety
- Need a dedicated unit support person/team
- It works best if all shelters have the same resources available and the same expectations about people engaging in an exit pathway
- "This is hard, but it's actually working, we're getting people out of the shelter"
- Roommating and renting a room is a very viable option and people need to believe we mean it
- Actively managing everyone's exit daily is necessary to exit people quickly
- Getting comfortable with not being 100% certain that a situation is going to work out
- The culture shift is very challenging; Leaders dictate what the team believes and is willing to try
- Limiting shelter stays based on participation in the process as opposed to timelines

# Keys to Success

- Centralizing financial assistance administration
- Dedicated staff to support each phase of the process (intake, navigation of the exit, unit support, etc.)
- Simple triage as quickly as possible
- Flexible financial assistance
- Building bed management tools as quickly as possible
- Leadership being brought along throughout the process and leadership bringing field staff along
- Transportation support in shelters
- Direct conversations with staff and participants about what resources are available and what resources aren't

# What Are We Still Working On

- Bed Management
- Implementing mechanisms to assist people with zero income to make reunification a more viable option
- Making roommating happen more seamlessly
- Ramping up outreach to meet the inflow demands as exits ramp up
- Shifting shelter operations from long staying orientation to rapid resolution orientation quickly enough

# Considering What's Possible in Your Community

Assess the need, planning readiness, and partners required for testing.



Which of these communities feel similar to yours?

What would obvious obstacles be for your community to consider?

# Data

- Do you know your community's current length of stay, exits, inflow, and vacancy data?
- What do those data tell you about the need for Rapid Resolution?
- Who can help you get the data you need?

## Optional Private Data Reflection

| Your shelter system    | Your figure or question |
|------------------------|-------------------------|
| Number of shelter beds |                         |
| Annual utilization     |                         |
| Average length of stay |                         |
| Positive exit rate     |                         |
| Shelter return rate    |                         |

For personal reflection. You do not need to share these figures publicly.

# Partners and a Starting Point

- What are the obvious front doors in your community and how do they currently function?
- Who can authorize changes to beds, resources, and operations?
- Who would be appropriate for a leadership planning session?
- Where could you test Rapid Resolution in your community and what do you have to consider for a test at that/those locations?

# Resources and Obstacles

- What staffing, flexible assistance, transportation, or unit support would you need?
- What culture or coordination barriers could be challenging and how can this be navigated?

# Your First Move

- What is one first step you can take when you return home?
- Who will you involve?



**Thank you**